

AO435
(Rev. 1/90)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS

FOR COURT USE ONLY
DUE DATE:

TRANSCRIPT ORDER

Read Instructions on Back.

1. NAME <i>Stephanie Lovell</i>		2. PHONE NUMBER <i>(361) 683-0031</i>		3. DATE <i>10-31-2018</i>	
4. MAILING ADDRESS <i>2707 Deer Street</i>		5. CITY <i>Corpus Christi</i>		6. STATE <i>TX</i>	7. ZIP CODE <i>78410</i>
8. CASE NUMBER <i>217CR00506-001</i>		9. JUDICIAL OFFICIAL <i>Rainey</i>		DATES OF PROCEEDINGS	
		10. FROM <i>May 14 18</i>		11. TO <i>May 14 18</i>	
12. CASE NAME <i>Cody Anthony Hernandez</i>		13. CITY <i>Corpus Christi</i>		14. STATE <i>TX</i>	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> BANGOR District Court Southern District of Texas FILED	

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

All of May 14 18

NOV 07 2018

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input checked="" type="checkbox"/> VOIR DIRE		<input checked="" type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)		<i>Timothy Allen</i>	<i>David J. Bradley, Clerk of Court</i>
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Free Copy for the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<i>1</i> <input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		

CERTIFICATION (18. & 19.)

By signing below, I certify that I will pay all charges
(deposit plus additional).18. SIGNATURE *Stephanie Lovell*19. DATE *11-7-18*

ESTIMATE TOTAL

PROCESSED BY

PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY

COURT ADDRESS

	DATE	BY	
ORDER RECEIVED			
DEPOSIT PAID			DEPOSIT PAID
TRANSCRIPT ORDERED			TOTAL CHARGES
TRANSCRIPT RECEIVED			LESS DEPOSIT
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED
PARTY RECEIVED TRANSCRIPT			TOTAL DUE

(Previous editions of this form may still be used)

ORIGINAL - COURT COPY

YELLOW - TRANSCRIPTION COPY

GREEN - ORDER RECEIPT

PINK - ORDER COPY